

Food & Formula Reference Guide

(FFRG)

WIC Foods, Infant Formulas, Exempt Infant Formulas, Medical Foods, and Food Packages

Effective March 29, 2010

Missouri Department of Health and Senior Services
WIC and Nutrition Services

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A. GUIDELINES FOR ISSUING INFANT FORMULAS, EXEMPT INFANT FORMULAS AND MEDICAL FOODS**1. Overview of Food Packages ---- Updated!**

Food Packages	Eligibility	
	Infant participants (Birth - 5 months) who do not have a condition qualifying them to receive Food Package III.	
Food Package I	<u>Birth - 1 month:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) Non-breastfeeding. 	<u>1 – 5 months:</u> <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding - (Breastfed infants who receive <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants. Partially breastfeeding – (Breastfed infants who receive <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants.) Non-breastfeeding.
Food Package II	<u>Infant participants (6 - 11 months)</u> who do not have a condition qualifying them to receive Food Package III. <ul style="list-style-type: none"> Fully breastfeeding. Partially breastfeeding – (The infant is breastfed but also receives <u>less than or equal to</u> the maximum amount of formula allowed for partially breastfed infants.) Partially breastfeeding - (The infant is breastfed but also receives <u>greater than</u> the maximum amount of formula allowed for partially breastfed infants. Non-breastfeeding. 	
Food Package III	Participants with qualifying conditions: This food package is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements. (See ER# 2.07000)	
Food Package IV	This food package is designed for issuance to participants 1 through 4 years of age who do not have a condition qualifying them to receive Food Package III.	
Food Package V	<ul style="list-style-type: none"> Pregnant women with singleton pregnancies, who do not have a condition qualifying them to receive Food Package III. Breastfeeding women, up to 1 year postpartum, who do not have a condition qualifying them to receive Food Package III and whose <u>partially breastfed infants</u> receive formula from the WIC program in amounts that do not exceed the maximum allowances. 	
Food Package VI	<ul style="list-style-type: none"> Women up to 6 months postpartum who are not breastfeeding their infants. Breastfeeding women <u>up to 6 months</u> postpartum whose participating infant receives <u>more than the maximum amount of formula allowed for partially breastfed infants.</u> 	
Food Package VII	<ul style="list-style-type: none"> Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC. Women participants pregnant with two or more fetuses. Women participants partially breastfeeding multiple infants. 	
Food Package VII (x 1.5)	<ul style="list-style-type: none"> Women participants fully breastfeeding multiple infants from the same birth receive 1.5 times the supplemental foods provided in Food Package VII. 	

2. **Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas** (Exempt Infant Formulas and Medical Foods) **Updated!**

Participant Category	Qualifying conditions including but not limited to:	Non-qualifying conditions
Infants	<ol style="list-style-type: none"> 1. Premature birth 2. Low birth weight 3. Failure to thrive 4. Inborn errors of metabolism/metabolic disorders 5. Gastrointestinal disorders 6. Malabsorption syndromes 7. Immune system disorders 8. Severe food allergies requiring an elemental formula 9. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Non-specific formula or food intolerance (e.g. fussiness, gas, spitting up, constipation, and colic) 2. Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require use of an exempt infant formula
Children and Women	<ol style="list-style-type: none"> 1. Premature birth --- <u>children only</u> 2. Failure to thrive --- <u>children only</u> 3. Inborn errors of metabolism/metabolic disorders 4. Gastrointestinal disorders 5. Malabsorption syndromes 6. Immune system disorders 7. Severe food allergies requiring an elemental formula 8. Life threatening disorders, disease and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages 2. Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

3. **Contract Formulas which Require Medical Documentation** ----- **New!**

In addition to exempt infant formulas and medical foods, the contracted items below are categorized as "Special Formulas" in MOWINS. Issuing these formulas requires medical documentation (WIC 27). The completed WIC 27 form must be scanned in MOWINS.

Enfamil Gentlease 20 cal in 2 fl oz container,	Enfamil A.R.	Enfagrow Soy/Next Step ProSobee LIPIL
Enfamil LIPIL Non-premature 24 cal in 2 fl oz container	Enfagrow Premium	Enfagrow Gentlease

4. **No formula for Breastfed Infants (0-1 month old)** (ER# 2.07600)

No formula should routinely be provided to breastfeeding infants (fully breastfeeding and partially breastfeeding) in the first month after birth in order for the mother to establish her milk supply.

5. Issuance of Milk-Based Contract Formulas – Updated!

Enfamil LIPIL with Iron is the primary milk-based contract infant formula and should be issued unless another formula is requested. Enfamil Premium LIPIL and Gentlease LIPIL may be issued without a trial of Enfamil LIPIL if the participant requests either of these.

Effective August 1, 2010, Enfamil Premium will be the primary contract infant formula.

6. 6-11 month old infants (Non-breastfeeding and Partially Breastfed) Who Do Not Receive Complementary Infant Foods (Infant Cereal, Infant Fruit, And Infant Vegetables) (ER# 2.07000) --- Updated!

a. Exempt Infant Formulas

6-11 month old infants (Non-breastfeeding and partially breastfed) whose medical condition prevents them from consuming complementary infant foods may receive exempt infant formula at the same maximum monthly allowance as infants age 4 - 5 months of the same feeding option. This would be in lieu of receiving complementary foods.

- MOWINS does **NOT** allow issuance of checks with additional cans of formula.
- Local WIC providers must **NOT** use “ADD/REPLACE” to issue additional formula.
- Contact the State office to arrange a direct shipment for the additional cans of formula.

b. Contract Infant Formulas

- 6-11 month old infants (non-breastfeeding and partially breastfed) who receive contract infant formula and do not receive complementary infant foods must **NOT** receive additional cans of formula in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months). (See page 13 and 14).
- 6-11 month old infants (non-breastfeeding and partially breastfed) who receive contract infant formula which requires medical documentation (WIC 27) and do not receive complementary infant foods must **NOT** receive additional cans of formulas in lieu of complementary foods. Issue the maximum allowable for the participant category (6-11 months). (See page 14).

7. Dilution – Handling Requests for Infant Formulas, Exempt Formulas and Medical Foods with Dilutions Different from that Indicated on the Label. ----- New!

- Any dilutions that deviate from the standard dilution indicated on the label of the product require registered dietitian’s approval (Local WIC provider OR State WIC office). Examples are:
 - i. Enfamil LIPIL With Iron (20 cal/fl oz) mixed to 24 cal/fl oz.
 - ii. Similac NeoSure (22 cal/fl oz) mixed to 24 cal/fl oz
- Obtain the mixing instructions from a health care provider and document in the General Notes in MOWINS.
- Ensure that the participant has the mixing instructions from the health care provider.
- Issue the maximum allowance for participant category (feeding option) based on the standard reconstitution rate. (See page 13-18).
- Require a completed medical documentation form (WIC 27) by a health care provider. Scan it in MOWINS.

8. Issuance of Medical Foods to Infants

The Missouri WIC program does NOT approve requests for medical foods issued to infants when the medical foods are intended to be used for children and/or women.

9. Issuance of Infant Formulas and Exempt Infant Formulas to Children

Medical documentation must be completed. The maximum approval length per request is 6 months. The approval authority for issuing infant formulas or exempt infant formulas to infants also applies for issuing infant formulas and exempt formulas to children. See the column: "Approval Authority" on page 13-16. Scan the medical documentation (WIC 27) in MOWINS.

10. **Issuance of Ready-To-Use/Feed Formulas** (ER# 2.07000, 2.07600, and 2.08100) ---- **Updated!**a. **Infant Formulas/Exempt Infant Formulas in 6 or 8 or 32 fl oz Containers**

Infant formulas and exempt infant formulas in 6 or 8 or 32 fl oz containers are allowed to be issued to infants and children who meet criteria and/or circumstances in the policies above. Contact the State WIC office for issuing formulas in 6 or 8 fl oz individual serving size containers.

b. **Infant Formulas/Exempt Infant Formulas in 2 fl oz individual serving containers****Allowed:**

- Infant formulas and exempt infant formulas in 2 fl oz individual serving containers are allowed to be issued to infants with qualifying medical condition(s) if the formula requested is **NOT** available in the 32 oz container. (e.g. Enfamil LIPIL Non-premature 24 cal; Enfamil LIPIL Premature 20 cal & 24 cal; Pregestimil LIPIL 20 cal & 24 cal)

Not allowed:

- Any formulas in 2 fl oz individual serving containers are **NOT** allowed to be issued to infants if formulas are available in the 32 oz container. (e.g. Enfamil Premium, Enfamil Gentlease, Enfamil ProSobee, Enfamil A.R., EnfaCare LIPIL, and Nuramigen LIPIL.)
- Infant formulas/exempt formulas in 2 fl oz individual serving containers are not allowed to be issued to children.

11. **Formulas Not Listed on the Food & Formula Reference Guide (FFRG)**

Contact the State WIC office at 1-800-392-8209 for approval.

12. **Non-Contract Infant Formulas**

The Missouri WIC program does **NOT** approve requests for non-contract infant formulas. Examples are listed in the table below:

Similac with Iron, Similac Advance with Iron	Similac Isomil with Iron	Good Start Supreme DHA and ARA
Similac Sensitive	Similac Sensitive R.S.	Good Start Supreme Soy DHA and ARA
Similac Isomil Advance with Iron	Good Start Essentials	Good Start Natural Cultures
All store-brand milk and soy based infant formulas.		

13. **Extra Formulas/Unused Formulas**

Contact **Michelle Nienhuis** at Michelle.Nienhuis@dhss.mo.gov when you have extra formula. The unused formulas can be used by another agency. The listing of extra/unused formulas will be available for local WIC agencies on a monthly basis through the WIC UPDATE. The State WIC office is responsible for shipping costs.

14. **Dented Cans of Formula**

- Participants should be educated not to purchase dented cans of formula from the store and not to use the formula if they later realize the can is dented.
- Formula may arrive in dented cans when your agency receives a direct shipment of a special formula. The shipment should be inspected at the time of delivery. Open the box and inspect all cans. Dented cans should not be accepted. Contact **Michelle Nienhuis** at Michelle.Nienhuis@dhss.mo.gov to follow up with the manufacturer on the replacement for the dented cans.
- If the shipment of formula was signed for and the can damage was noticed later, contact **Michelle Nienhuis** at Michelle.Nienhuis@dhss.mo.gov to follow up with the manufacturer on the replacement for the dented cans. In most cases, the manufacturer will send a recall slip to the LWP to pay for return shipping. The Missouri WIC office does not issue dented cans of formula or pay for dented cans. If you need assistance, contact the State WIC office at [1-800-392-8209](tel:1-800-392-8209).

15. **Direct Shipment --- Updated!**

Follow the Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods) on Page 10. **Important!**

Local WIC Provider's Responsibilities

- 1) The local WIC provider is responsible for verifying the shipment.
- 2) Make sure the participant is in a current certification. Do not issue formula to terminated participants.
- 3) Remember to check the "Requires Food Package III" box in MOWINS.
- 4) **Do Not** print checks for direct ship formulas.
- 5) **Do Not** exceed the monthly maximum allowance.
- 6) Indicate the following information on the packing slip:

i. Date issued	iv. Participant Signature
ii. Amount Given to the Participant	v. Staff Signature/Date
iii. Issued for What Month (Period of Time)	
- 7) Scan the packing slip into MOWINS.
- 8) In case the local WIC provider has unused formula from direct shipment (participant no longer requires it), document in General Notes in MOWINS and contact the State WIC office to add to the extra formula database.

Confidentiality: New!

If the local WIC provider receives more than one order per packing slip,

- Maintain client confidentiality.
- Make a copy of the packing slip.
- Have participant sign the packing slip.
- Scan the signed packing slip into MOWINS.

Holding Back Extra Formulas:

The LWP shall issue only the maximum allowed amount of formula based on the participant's WIC category or as indicated by the participant's physician's orders on the WIC 27 form. Extra cans/bottles of formula remaining from the order must be kept in the WIC clinic for the client for the next time the order is made. In case no additional order of the same formula will be made, please refer to guideline #13 above: "Extra Formulas/ Unused Formulas" for additional directions.

For example, when the State WIC office places an order, local WIC providers will receive 5 cases (120 cans) of Bright Beginnings Soy Pediatric Drink (BBSPD) from PBM Products LLC.

- a. Do not provide all 5 cases (120 cans) to the participant.
- b. The monthly maximum allowance of BBSPD is 113 cans even though a physician may prescribe more than 113 cans per month.
 - If a physician prescribes 3 cans per day, provide only 93 cans per month and keep the 27 cans for the next month.
 - If a physician prescribes 4 cans per day, provide only 113 cans and keep 7 cans for the next month.

16. **Human Milk Fortifier (HMF): ---- Updated!**

- a. When a local WIC provider gets a request for HMF, the LWP must contact the State WIC office 1-800-392-8209 for approval and direct shipment.
- b. Issuing a combination of HMF and formula is NOT allowed.
- c. HMF can be given to infant's age of 2 weeks old to 3 months old. ---- Revised
- d. A monthly allowance will not exceed 240 packets/month (60 packets/week)
- e. The State office will ship a maximum of 60 packets of HMF at a time to the local WIC provider.

Local WIC provider nutritionist must have the following information before contacting WIC State office:

1. Mother and baby's food packages
2. Age of infant in weeks
3. Medical diagnosis supporting a request for HMF.
4. Body weight at hospital discharge time
5. Prescription for HMF ---- Revised
6. Number of packets/feeding OR Number of packets/day requested by physician.

[Note]

HMF is for very low birth weight (VLBW) infants and is specifically designed to be used as a supplement to be added to mother's own milk. Low birth weight infants fed human milk in the hospital will be supplemented with HMF from 2 weeks of age until they are approximately 2kg (4.4 pounds) in body weight. Usually the infant will not need supplementation post hospital discharge; however, if the infant is discharged prior to obtaining the 2 kg (4.4 pounds) goal or there are other medical indications determined by their physician the infant may require HMF post hospital discharge.

17. **Food Items For State Office Use Only**

Local WIC staff **must NOT** use the food items listed below: (These are for state office staff only!)

POWDER USDA EXEMPT FORMULA (VOID)
LIQUID CONCENTRATE USDA EXEMPT FORMULA (VOID)
RTF USDA EXEMPT FORMULA (VOID)

18. **Returned Infant Formula Conversion Table - From Powder To Concentrate & Ready-To-Use/Feed ----- Updated!**

This conversion table can be used when participants return an unused formula.

Powder to Powder:

Issue the same number of returned/unused cans of the requested formula when a participant returns powdered formula in exchange for another powdered formula.

- When a participant returns 3 cans of Enfamil LIPIL (Powder) and requests Gentlease LIPIL (Powder), issue 3 cans of Gentlease LIPIL (Powder).
- When a participant returns 4 cans of Gentlease LIPIL (Powder) and requests Enfamil Premium (Powder), issue 4 cans of Enfamil Premium.

Powder to Concentrate:

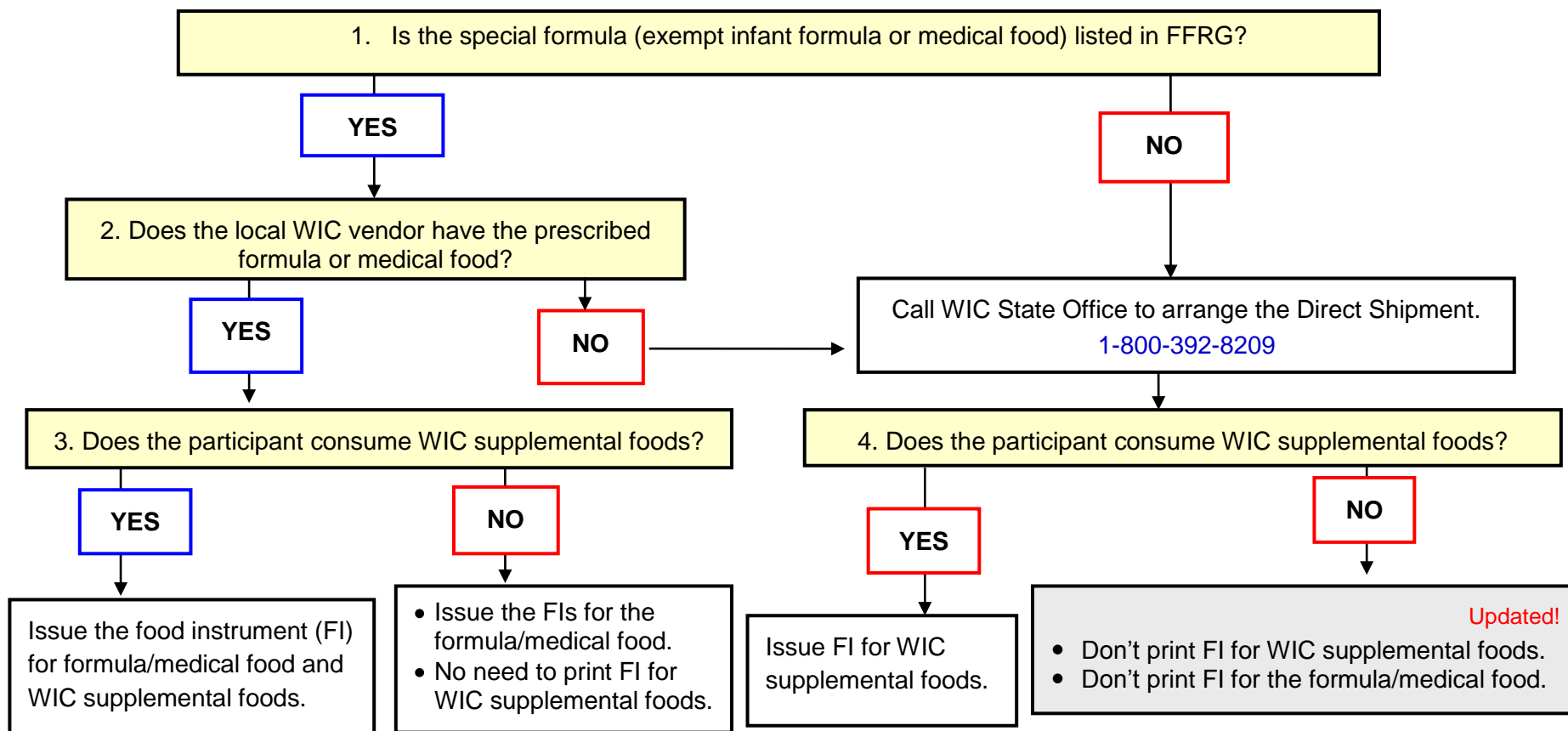
When a participant returns 3 cans of Enfamil LIPIL (Powder) and requests Enfamil LIPIL (Conc.), issue 9 cans of Enfamil LIPIL (Conc.).

Powder to Ready-To-Use:

When a participant returns 3 cans of Enfamil LIPIL (Powder) and requests Enfamil LIPIL (R-T-U), issue 6 bottles/cans of Enfamil Premium (R-T-U).

Conversion Table - Powder, Concentrate and Ready-To-Use/Ready To Feed Formulas			
Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas		
	Powder Formulas	Concentrate Formula (13 fl oz)	Ready-To-Use/Feed Formulas (32 fl oz)
Enfamil LIPIL with Iron (12.9 oz)	1 can (94 fl oz)	3 cans	2 bottles/cans
Enfamil ProSobee / Enfamil ProSobee LIPIL (12.9 oz)	1 can (92 fl oz)	3 cans	2 bottles/cans
Enfamil Premium/Enfamil Premium (12.5 oz)	1 can (90 fl oz)	3 cans	2 bottles/cans
Enfamil Gentlease/Enfamil Gentlease LIPIL (12 oz)	1 can (86 fl oz)	3 cans	N/A
Enfamil A.R./Enfamil A.R. LIPIL (12.9 oz)	1 can (93 fl oz)	3 cans	2 bottles/cans

19. Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods)

**[IMPORTANT]**

- A. When the direct shipment is delivered, the LWP must:
1. Contact the participant or caregiver.
 2. Indicate the following information on the package slip
 - Quantity of formula/medical food given
 - Date formula/medical food given
 - Participant's signature
 - LWP Staff's signature
 3. Scan the packing slip in MOWINS.

- B. Issuing formula/medical food that was received from another LWP
Issue FIs for cereal and/or juice and quantity of formula to be purchased from WIC vendor.

- C. Human Milk Fortifier (HMF)
Contact the State WIC office for approval and direct shipment of HMF.

See Page 7 and 8.

20. Maximum Monthly Allowances for WIC Program Categories ---- **New!**

Feeding Options	Type of Formula	0-1 month	1-3 months	4-5 months	6-11 months
Non-Breastfeeding Infant	Reconstituted Liquid Concentrate	806 fl oz	806 fl oz	884 fl oz	624 fl oz
	Ready-To-Use/Feed	832 fl oz	832 fl oz	896 fl oz	640 fl oz
	Reconstituted Powder	870 fl oz	870 fl oz	960 fl oz	696 fl oz
Partially Breastfed Infants (Infant who receives less than or equal to the maximum amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	n/a	≤ 364 fl oz	≤ 442 fl oz	≤ 312 fl oz
	Ready-To-Use/Feed	n/a	≤ 384 fl oz	≤ 448 fl oz	≤ 320 fl oz
	Reconstituted Powder	n/a	≤ 435 fl oz	≤ 522 fl oz	≤ 384 fl oz
Partially Breastfed Infants (Infant who receives greater than the maximum amount of formula allowed for partially breastfed infants.)	Reconstituted Liquid Concentrate	> 104 fl oz	> 364 fl oz	> 442 fl oz	> 312 fl oz
	Ready-To-use/Feed	> 104 fl oz	> 384 fl oz	> 448 fl oz	> 320 fl oz
	Reconstituted Powder	> 104 fl oz	> 435 fl oz	> 522 fl oz	> 384 fl oz

Category	Powder	Liquid Concentrate	Ready-To Use/Feed
Children with Qualifying Condition(s)	910 fl oz	910 fl oz	910 fl oz
Women with Qualifying Condition(s)	910 fl oz	910 fl oz	910 fl oz

B. Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods)**1. Symbols, Acronyms, Abbreviations, Definitions, and Primary Contract Formula Transition --- Updated!**

a. Symbols, Acronyms, and Abbreviations ----- Updated!			
WIC Cert = WIC Certifier		RD = Registered Dietitian at Local WIC Provider	Conc. = Liquid Concentrate
Nutri = Local WIC Nutritionist		State RD = Registered Dietitian at State WIC Office	R-T-F = Ready To Feed
CPA = Competent Professional Authority			R-T-U = Ready To Use
MJN = Mead Johnson Nutrition		Nestlé = Nestlé Nutrition	PBM = PBM Product
Abbott/Ross = Abbott Nutrition (Formerly Ross Pharmaceuticals) in MOWINS, "Ross" is used instead of Abbott.		Nutricia = Nutricia North America	

b. Definitions			
<p>Soy* --- In MOWINS, you will need to select either "Milk-Based Formula" OR "Soy-Based Formula" when you issue checks. The categories are based on the protein source. Because there are only two choices in the current MOWINS, the State WIC office has chosen "Soy-based Formula" for the Exempt Infant Formulas and Medical Foods which do not fit either category, i.e. formulas with extensively hydrolyzed protein or free amino acids. You must choose "Soy" for the products with "Soy*" as indicated in this table. "Soy*" in the table above indicates products which are neither a milk-based formula nor a soy-based formula.</p>			
<p>EleCare** --- In MOWINS, you will need to select one category from the four categories (Standard Formula, Exempt Infant Formula, Metabolic Formula, and Medical food) when you issue checks for EleCare. Therefore, the State WIC office has chosen "Medical Food" for products which belong to two categories (Exempt Infant Formula and Medical Foods). Based on the WIC Eligibility Category in the USDA WIC formula data base, EleCare is an Exempt Infant Formula and also a Medical Food. You must choose "Medical Food" when you issue a check for EleCare. Reconstituted volumes for infants and children are different. Make sure to select the correct food item on the food prescription screen:</p>			
<ul style="list-style-type: none">• For infants: Standard dilution (20 cal/fl oz) (Reconstituted Volume = Approximately 95 fl oz/can)• For children: Standard dilution (30 cal/fl oz) (Reconstituted Volume = Approximately 64 fl oz/can)			

Descriptions that <u>Participants</u> See on Checks --- Updated!		Descriptions that <u>CPAs</u> See on Screen --- Updated!	
14.1 OZ ELECARE (UNFLAVORED) POWDER		14.1 OZ ELECARE (UNFLAVORED) POWDER - INFANTS	
14.1 OZ ELECARE DHA/ARA (UNFLAVORED) POWDER		14.1 OZ ELECARE DHA/ARA (UNFLAVORED) POWDER - INFANT	
14.1 OZ ELECARE (UNFLAVORED OR VANILLA) POWDER		14.1 OZ ELCARE (UNFLAVORED OR VANILLA) POWDER - CHILDREN	
14.1 OZ ELECARE DHA/ARA (UNFLAVORED OR VANILLA) POWDER		14.1 OZ ELECARE DHA/ARA (UNFLAVORED OR VANILLA) POWDER - CHILDREN	

c. Primary Contract Formula Transition ----- Important!				The link to the WIC Weekly Update: http://www.dhss.mo.gov/wic/WICupdates/index.html			
<ul style="list-style-type: none">• Effective August 1, 2010, Enfamil Premium (powder) will be the primary contract infant formula and be used for the default food packages.• During the transition period (May 3, 2010 – October 31, 2010), participants are able to purchase either Enfamil LIPIIL with Iron or Enfamil Premium at WIC vendors.• Participants will not be able to purchase Enfamil LIPIIL with Iron using WIC checks after November 1, 2010.							

Primary Contract Infant Formula (Descriptions) for The Default Food Packages								
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Enfamil LIPIIL w/ Iron (Powder)		Enfamil Premium OR Enfamil LIPIIL w/ Iron (Powder)			Enfamil Premium (Powder)			

2. **INFANTS – CONTRACT FORMULAS** --- See Page 12 and the WIC Weekly Update for the Primary Contract Formula Transition. The link to the WIC Weekly Update .
<http://www.dhss.mo.gov/wic/WICupdates/index.html>

Type	#	Contract Formulas	Milk OR Soy	Man ufact urer	Form	Size & Packagin g Size	Yield (fl oz)	Unit in MOWI N	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				C ³	Approval Authority
									See Age Table Below			See Age Table Below				See Age Table Below					
									Age in Month			Age in Month				Age in Month					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1 ³	1-3	4-5	6-11		
Contract Formulas (Rebate)	1	Enfamil LIPIL W/ Iron (Will be inactivated on 05-03-10)	Milk	MJN	PWD	12.9 oz	94	1 can	9	10	7	n/a ⁴	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri or RD
		Enfamil Premium / Enfamil LIPIL (Effective 05-03-10)	Milk	MJN	PWD	12.5 oz/12.9 oz	90/94	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri or RD
	2	Enfamil Premium / Enfamil Premium LIPIL (Effective 03-29-10)	Milk	MJN	PWD	12.5 oz	90	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri or RD
	3	Enfamil Gentlease / Gentlease LIPIL (Effective 03-29-10)	Milk	MJN	PWD	12 oz	86	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	5 - 10	6 - 11	5 - 8	10	WIC Cert, CPA, Nutri or RD
	4	Enfamil ProSobee / ProSobee LIPIL (Effective 03-29-10)	Soy	MJN	PWD	12.9 oz	92	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri or RD
	5	Enfamil LIPIL W/ iron (Will be inactivated on 05-03-10)	Milk	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
		Enfamil Premium OR Enfamil LIPIL (Effective 05-03-10 thru 07-31-10)	Milk	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
	6	Enfamil Premium / Enfamil Premium LIPIL (Effective 03-29-10)	Milk	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
	7	Enfamil ProSobee / ProSobee LIPIL (Effective 03-29-10)	Soy	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
	8	Enfamil LIPIL W/ Iron (Will be inactivated on 05-03-10)	Milk	MJN	RTU	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
Enfamil Premium / Enfamil LIPIL (Effective 05-03-10 thru 07-31-10)		Milk	MJN	RTU	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD	

Type	#	Contract Formulas	Milk OR Soy	Man ufact urer	Form	Size & Packagin g Size	Yield (fl oz)	Unit in MOWI N	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				C ³	Approval Authority
									See Age Table Below			See Age Table Below				See Age Table Below					
									Age in Month			Age in Month				Age in Month					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1 ³	1-3	4-5	6-11		
	10	Enfamil ProSobee / ProSobee LIPIL (Effective 03-29-10)	Milk	MJN	RTU	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
Contract Formulas (Rebate)	11	Enfamil A.R. / Enfamil AR LIPIL ⁵ Requires WIC 27 (Effective 03-29-10)	Milk	MJN	PWD	12.9 oz	93	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri or RD
	12	Enfamil A.R. / Enfamil AR LIPIL ⁵ Requires WIC 27 (Effective 03-29-10)	Milk	MJN	RTU	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	13	Enfamil LIPIL with Iron Non-Premature (24 cal) ⁵ Requires WIC 27	Milk	MJN	RTU	2 fl oz 8 x 6-pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	14	Enfamil Gentlease ⁵ (20 cal) ⁵ New! Requires WIC 27	Milk	MJN	RTU	2 fl oz 8 x 6-pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD

1. ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.
2. > (Greater than) the maximum amount of formula allowed for partially breastfed infants.
3. C= Children. Issuing infant formula to children requires medical documentation.
4. N/A - Not applicable. Partial Breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1st month.
5. Issuing formulas (e.g. Enfamil AR LIPIL, Enfamil LIPIL with Iron Non-Premature 24 cal, or Enfamil Gentlease 20 cal to infants requires medical documentation (WIC 27). - **Important!**

3. INFANTS – Exempt Formulas (Special Formulas)

Type	#	Special Formulas Medical Documentation Required; Max. Length of Approval: 6 months	Milk OR Soy	Manufacturer	Form	Size & Packaging Size	Yield/ Unit in MOW/IN NS (fl oz)	Unit in MOW/IN	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				C ³	Approval Authority
									See Age Table			See Age Table				See Age Table					
									(Age in Month)			(Age in Month)				(Age in Month)					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
Premature Formulas & Formulas in Nursette	15	Enfacare LIPIL	Milk	MJN	PWD	12.8 oz	82	1 can	10	11	8	n/a ⁵	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	11	CPA, Nutri or RD
	16	Enfacare LIPIL	Milk	Abbott /Ross	RTF	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	17	Similac Expert Care Neosure / Similac Neosure (Effective 03-29-10)	Milk	Abbott /Ross	PWD	12.8 oz	85	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	18	Similac Expert Care Neosure / Similac Neosure (Effective 03-29-10)	Milk	Abbott /Ross	RTF	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	19	Enfamil Premature LIPIL with Iron (20 cal)	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	20	Enfamil Premature LIPIL with Iron (24 cal)	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	21	Pregestimil LIPIL (20 cal) <u>Non-premature</u>	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri or RD
	22	Pregestimil LIPIL (24 cal) <u>Non-premature</u>	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri or RD
	23	Similac Special Care with Iron (20 cal)	Milk	Abbott /Ross	RTF	2 fl oz 6 x 8- pack/case	16	8-pack	52	56	40	n/a	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. or RD
	24	Similac Special Care with Iron (24 cal)	Milk	Abbott /Ross	RTF	2 fl oz 6 x 8- pack/case	16	8-pack	52	56	40	n/a	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. or RD
	25	Similac Special Care with Iron (30 cal) New!	Milk	Abbott /Ross	RTF	2 fl oz 6 x 8- pack/case	16	8-pack	52	56	40	n/a	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. or RD
Hypoallergenic Formulas	26	NeoCate Infant Formula	Milk	Nutricia	PWD	14 oz (4/case)	85	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	27	NeoCate Infant Formula DHA/ARA	Milk	Nutricia	PWD	14 oz (4/case)	85	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	28	Nutramigen AA	Milk	MJN	PWD	14.1 oz	98	1 can	8	9	7	n/a	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 7	9	CPA, Nutri or RD
	29	Nutramigen LIPIL	Milk	MJN	Conc	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	CPA, Nutri or RD

Ty pe	#	Special Formulas Medical Documentation Required; Max. Length of Approval: 6 months	Milk OR Soy	Manuf acture r	Form	Size & Packaging Size	Yield/ Unit in MOWI NS (fl oz)	Unit in MOWIN	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				C ³	Approval Authority
									See Age Table			See Age Table				See Age Table					
									(Age in Month)			(Age in Month)				(Age in Month)					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
Hypoallergenic Formulas	30	Nutramigen LIPIL	Milk	MJN	RTU	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	31	Nutramigen LIPIL with Enflora LGG	Milk	MJN	PWD	12.6 oz	87	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	32	Pregestimil LIPIL	Milk	MJN	PWD	16 oz	112	1 can	7	8	6	n/a	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	8	CPA, Nutri or RD
	33	Similac Expert Care Alimentum / Similac Alimentum (Effective: 03-29-10)	Milk	Abbott /Ross	PWD	16 oz	115	1 can	7	8	6	n/a	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	7	CPA, Nutri or RD
	34	Similac Expert Care Alimentum / Similac Alimentum (Effective: 03-29-10)	Milk	Abbott /Ross	RTF	1 QT (32 fl oz)	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
Other Exempt	35	Calcilo XD	Milk	Abbott /Ross	PWD	13.2oz (6/case)	96	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	RD or State RD
	36	Enfaport LIPIL	Milk	MJN	RTU	8 fl oz	8	1 can	104	112	80	n/a	1 - 48	1 - 56	1 - 40	1 - 104	49 - 104	57 - 112	41 - 80	113	RD or State RD
	37	Similac PM 60/40	Milk	Abbott /Ross	PWD	14.1 oz. 6/case	102	1 can	8	9	6	n/a	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 6	8	RD or State RD
	38	EleCare** Unflavored Only (Effective: 03-29-10)	Soy*	Abbott /Ross	PWD	14.1 oz. 6/case	95	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	See Page 17	RD or State RD
	39	EleCare** DHA/ARA Unflavored Only (Effective: 03-29-10)	Soy*	Abbott /Ross	PWD	14.1 oz. 6/case	95	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	See Page 17	RD or State RD

1. ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.

2. > (Greater than) the maximum amount of formula allowed for partially breastfed infants.

3. C= Children. Issuing infant formula to children requires medical documentation.

4. N/A - Not applicable. Partial Breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1st month.

4. Medical Foods (Special Formulas) for Children and Women

#	Special Formulas for Children and Women Medical Documentation Required Max. Length of Approval: 6 months	Milk or Soy Base	Manufacturer	Type	Size and Packaging Size	Yield/ Unit in MOWINS (fl oz)	Unit in MOWIN	Children	Women	Approval Authority Max. Approval: 6 months
1	A-Soy	Soy	PBM	RTU	8 fl oz (6-pack)	48	6-pack	0	18	Nutri. or RD
2	Boost - All Flavors	Milk	Nestlé	RTU	8 fl oz (6-pack)	48	6-pack	0	18	Nutri. or RD
3	Boost Kid Essentials – Vanilla, Chocolate, Strawberry [With Probiotic Straw; Available at grocery stores]	Milk	Nestlé	RTU	8.25 fl oz (6-pack)	49.5	6-pack	18	0	Nutri. or RD
4	Boost Kid Essentials 1.5 cal – Vanilla, Strawberry, Chocolate (Direct Shipment only)	Milk	Nestlé	RTU	8 fl oz. (27/case)	8	1 can	113	0	State RD
5	Boost Kid Essentials with Fiber 1.5 cal Vanilla (Direct Shipment only)	Milk	Nestlé	RTU	8 fl oz.(27/case)	8	1 can	113	0	State RD
6	Boost Kid Essentials 1.0 - Vanilla, Strawberry, Chocolate (Direct Shipment Only) New!	Milk	Nestlé	RTU	8 fl oz.(27/case)	8	1 can	113	0	State RD
7	Bright Beginnings Soy Pediatric Drink	Soy	PBM** [Nestlé]	RTU	8 fl oz. (6-pack)	48	6-pack	18	0	Nutri. or RD
8	E028 Splash - All Flavors	Soy*	Nutricia	RTU	8 fl oz. (27/case)	8	1 can	113	0	RD or State RD
9	EleCare*** (Unflavored/Vanilla)	Soy*	Abbott/Ross	PWD	14.1 oz (6/case)	64	1 can	14	0	RD or State RD
10	EleCare DHA/ARA *** (Unflavored/Vanilla)	Soy*	Abbott/Ross	PWD	14.1 oz (6/case)	64	1 can	14	0	RD or State RD
11	Enfagrow Premium / Enfagrow Premium Nest Step LIPIL Requires WIC 27 (Effective 03-29-10)	Milk	MJN	PWD	24 oz (6/case)	171	1 can	5	0	CPA, Nutri or RD
12	Enfagrow Premium / Enfagrow Premium Next Step LIPIL Requires WIC 27 (Effective 03-29-10)	Milk	MJN	RTU	32 fl oz (6/case)	32	1 can	28	0	CPA, Nutri or RD
13	Enfagrow Soy/ Enfagrow ProSobee Next Step LIPIL Requires WIC 27 (Effective 03-29-10)	Soy	MJN	PWD	24 oz (6/case)	161	1 can	5	0	CPA, Nutri or RD
14	Enfagrow Gentlease Requires WIC 27	Milk	MJN	PWD	24 oz (6/case)	169	1 can	5	0	CPA, Nutri or RD
15	Ensure - All Flavors	Milk	Abbott/Ross	RTU	8 fl oz 6-pack	48	6-pack	0	18	Nutri. or RD
16	Ensure - Vanilla	Milk	Abbott/Ross	PWD	14 oz (6/case)	56	1 can	0	16	Nutri. or RD
17	KetoCal (3:1) (Changing 4/case to 6/case)	Milk	Nutricia	PWD	11 oz. (6 /case)	≈ 107	1 can	8	0	RD or State RD
18	KetoCal (4:1) (Changing 4/case to 6/case)	Milk	Nutricia	PWD	11 oz. (6/case)	≈ 51	1 can	17	0	RD or State RD
19	Neocate Junior - All Flavors	Milk	Nutricia	PWD	14 oz. (4/case)	66	1 can	13	0	RD or State RD
20	Neocate One + Powder	Soy*	Nutricia	PWD	60 g (2.1oz) (15/case)	8	1 packet	113	0	RD or State RD

#	Special Formulas for Children and Women Medical Documentation Required Max. Length of Approval: 6 months	Milk or Soy Base	Manufacturer	Type	Size and Packaging Size	Yield/ Unit in MOWINS (fl oz)	Unit in MOWIN	Children	Women	Approval Authority Max. Approval: 6 months
21	Nutren Junior - Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	107	0	Nutri. or RD
22	Nutren Junior with Fiber - Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	107	0	Nutri. or RD
23	Pediasure - All Flavors	Milk	Abbott/Ross	RTU	8 fl oz. (24/case)	48	6-pack	18	0	Nutri. or RD
24	Pediasure Enteral	Milk	Abbott/Ross	RTU	8 fl oz. (24/case)	48	6-pack	18	0	Nutri. or RD
25	Pediasure with Fiber - Vanilla	Milk	Abbott/Ross	RTU	8 fl oz. (24/case)	48	6-pack	18	0	Nutri. or RD
26	Pepdite Junior (Unflavored, Banana)	Soy*	Nutricia	PWD	1.8 oz (15/case)	8	1 can	113	0	RD or State RD
27	Peptamen Jr. – Unflavored Vanilla, Chocolate, Strawberry	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State RD
28	Peptamen Jr. 1.5 Unflavored	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State RD
29	Peptamen Jr. with Fiber Vanilla	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State RD
30	Peptamen Jr. with Prebio Vanilla	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State RD
31	Peptamen – Unflavored /Vanilla	Milk	Nestlé	RTU	8.45 fl oz (24/case).	8.45	1 can	0	107	RD or State RD
32	Peptamen with Prebio - Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	0	107	RD or State RD
33	Peptamen 1.5 Unflavored /Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	0	107	RD or State RD
34	Portagen	Milk	MJN	PWD	16 oz. (6/case)	72	1 can	12	12	RD or State RD
35	Super Soluble Duocal	Soy*	Nutricia	PWD	14.1 oz. (4/case)	Varies ⁷ (91)	1 can	10	10	RD or State RD
36	Suplena	Milk	Abbott/Ross	RTU	8 fl oz (24/case)	8	1 can	113	113	RD or State RD
37	Tolorex	Soy*	Nestlé	PWD	2.82 oz. (60/case)	10	1 can	0	91	RD or State RD
38	Vital Jr. Vanilla, Strawberry, Unflavored	Milk	Abbott/Ross	RTU	8 fl oz (24/case)	8	1 bottle	113	0	RD or State RD
39	Vivonex Pediatric	Soy*	Nestlé	PWD	1.7 oz. (36/case)	8.4	1 can	108	0	RD or State RD
40	Vivonex T.E.N.	Soy*	Nestlé	PWD	2.84 oz. (60-2.84 oz packets/case)	10	1 can	0	91	RD or State RD

⁷ Reconstituted yield per can varies and it is dependent on age, body weight and medical condition of the participant. A dilution rate must be determined by a physician.

[Note] Please note that packaging sizes for Nutricia's products may change from 4 cans per case to 6 cans per case.

5. Guidelines for Issuing Metabolic Formulas ---- Updated!

#	Metabolic Formulas	Milk OR Soy	Manufacturer	Physical Form	Sizes	Packaging	ELIGIBLE CATEGORY			Guidelines (PART I)
							Infants	Children	Women	
1	3232A --- New!	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	<ul style="list-style-type: none"> ▪ Medical Documentation: Medical documentation is required to issue all metabolic formulas. ▪ Approval Length: 3 months ▪ Approval Authority: State RD ▪ Monthly Allowance: Local WIC provider should obtain instructions for the correct amount of water and powder from participant's physician. Product yield per can (fl oz) for 1 can product varies. The monthly allowance for the participant can be determined based on instructions from physician and not exceed amount allowed by WIC program if WIC is a primary payer. ▪ Payer of Metabolic Formulas and Documentation: <ol style="list-style-type: none"> 1. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. 2. Notify the participant or the parent/guardian that the DHSS MFP is the primary payer for the prescribed formula and give referral. 3. Inform the participant or the parent/guardian that WIC cannot issue WIC checks for the metabolic formula, but may issue checks for other foods in the food package as prescribed. 4. While waiting approval from the DHSS MFP, the CPA shall proceed with the issuance of metabolic formula using the WIC food package III up to 3 months. 5. Scan the completed medical documentation form into MOWINS and document the payment source in the SOAP notes. 6. Follow-up must be done and documented in the SOAP notes to assure the nutritional needs of the participant are being met. <p>Maximum Monthly Allowance: The appropriate concentration of metabolic formulas may vary between individuals and over time. Therefore, the volume yield per can must be determined based on the mixing instructions and prescription from the physician. No single mixing ratio would suffice for the variety of genetic variations and patient conditions.</p>
2	BCAD 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
3	GA	Soy*	MJN	PWD	16 oz	6/case	varies	varies	varies	
4	HCY 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
5	HCY 2	Soy*	MJN	PWD	16 oz	6/case	0	varies	varies	
6	Ketonex 1	Soy*	Abbott/Ross	PWD	14.1 oz	6/case	0	varies	varies	
7	Ketonex 2	Soy*	Abbott/Ross	PWD	14.1 oz	6/case	0	varies	varies	
8	LMD	Soy*	MJN	PWD	16 oz	6/case	varies	varies	varies	
9	MSUD Analog	Soy*	Nutricia	PWD	14 oz.	4/case	varies	varies	0	
10	MSUD Maxamaid	Soy*	Nutricia	PWD	16 oz.	6/case	0	varies	0	
11	MSUD Maxamum	Soy*	Nutricia	PWD	16 oz.	6/case	0	0	varies	
12	OA 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
13	OA 2	Soy*	MJN	PWD	16 oz	6/case	0	varies	varies	
14	Periflex Infant	Soy*	Nutricia	PWD	14 oz	4/case	varies	varies	0	
15	PFD 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
16	PhenexTM 1	Soy*	Abbott/Ross	PWD	14.1 oz.	6/case	varies	varies	0	
17	PhenexTM 2	Soy*	Abbott/Ross	PWD	14.1 oz.	6/case	0	varies	varies	
18	Phenyl-Free 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
19	TYROS 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
20	WND 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
21	WND 2	Soy*	MJN	PWD	16 oz	6/case	0	varies	varies	
22	XPhe Maxamaid	Soy*	Nutricia	PWD	16 oz.	4/case	0	varies	0	
23	XPhe Maxamum	Soy*	Nutricia	PWD	16 oz.	4/case	0	0	varies	

[Note] Please note that packaging sizes for Nutricia's products may change from 4 cans per case to 6 cans per case.

6. Missouri Department of Health & Senior Services - Metabolic Formula Program ---- **New!**

Website: <http://www.dhss.mo.gov/MetabolicFormula/>

Telephone: 573-751-6266 or 800-877-6246

Confidential Fax: 573-751-6185

Email: Info@dhss.mo.gov, Kelly.Welch@dhss.mo.gov,

Medical Eligibility: Medical eligibility for the Missouri Metabolic Formula Program must be documented with a written medical diagnosis of one of the conditions listed below:

- | | |
|-------------------------------------|---|
| 1) phenylketonuria (PKU) | 9) 1.3-hydroxy-3-methylglutaryl CoA lyase de_cieny (HMG) |
| 2) maple syrup urine disease (MSUD) | 10) 3-methylcrotonlly CoA carboxylase de_cieny (3MCC) |
| 3) glutaric academia | 11) propionic academia |
| 4) homocystinuria | 12) long-chain 3 hydroxyacyl CoA dehydrogenase de_cieny (LCHAD) |
| 5) methylmalonic academia | 13) very-long-chain acyl-CoA dehydrogenase de_cieny (VLCAD) |
| 6) citrullinemia | 14) ornithine transcarbamyase de_cieny (OTC) |
| 7) argininosuccinic academia | 15) tyros inemia (type I, II and III) |
| 8) isovaleric academia | |

7. Maximum Monthly Allowance of Supplemental Foods for “Food Package III” ---- Updated!

Foods	Infants		Children	Women		
	0-5 Months	6-11 Months	1 - 4 years	Pregnant & Partially Breastfeeding	Non-Breastfeeding	Fully Breastfeeding
WIC Formulas*	See Page 13 - 16	See Page 13 - 16	See Page 17 - 19	See Page 17 - 19	See Page 17 - 19	See Page 17 - 19
Infant Cereal	0	24 oz	32 ounces infant cereal may be substituted for 36 ounces adult cereal.	0	0	0
Infant Fruit and Vegetables	0	32- 4 oz. containers	0	0	0	0
Juice, single strength	0	0	128 fl. oz. (2-64 oz. container)	144 fl. oz. (3-46 oz. can/12oz. frozen)	96 fl. oz. (2-46 oz. can/12oz. frozen)	144 fl. oz. (3-46 oz. can/12oz. frozen)
Milk, fluid	0	0	16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal	0	0	36 oz.	36 oz.	36 oz.	36 oz.
Cheese	0	0	0	0	0	1 lb.
Eggs	0	0	1 dozen	1 dozen	1 dozen	2 dozen.
Fruits and vegetables	0	0	\$6.00	\$10.00 Updated!	\$10.00 Updated!	\$10.00
Whole wheat bread or Other Whole Grains	0	0	2 lb.	1 lb.	0	1 lb.
Fish (canned)	0	0	0	0	0	30 oz.
Legumes, dry/canned AND/OR Peanut Butter	0	0	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 lb dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter

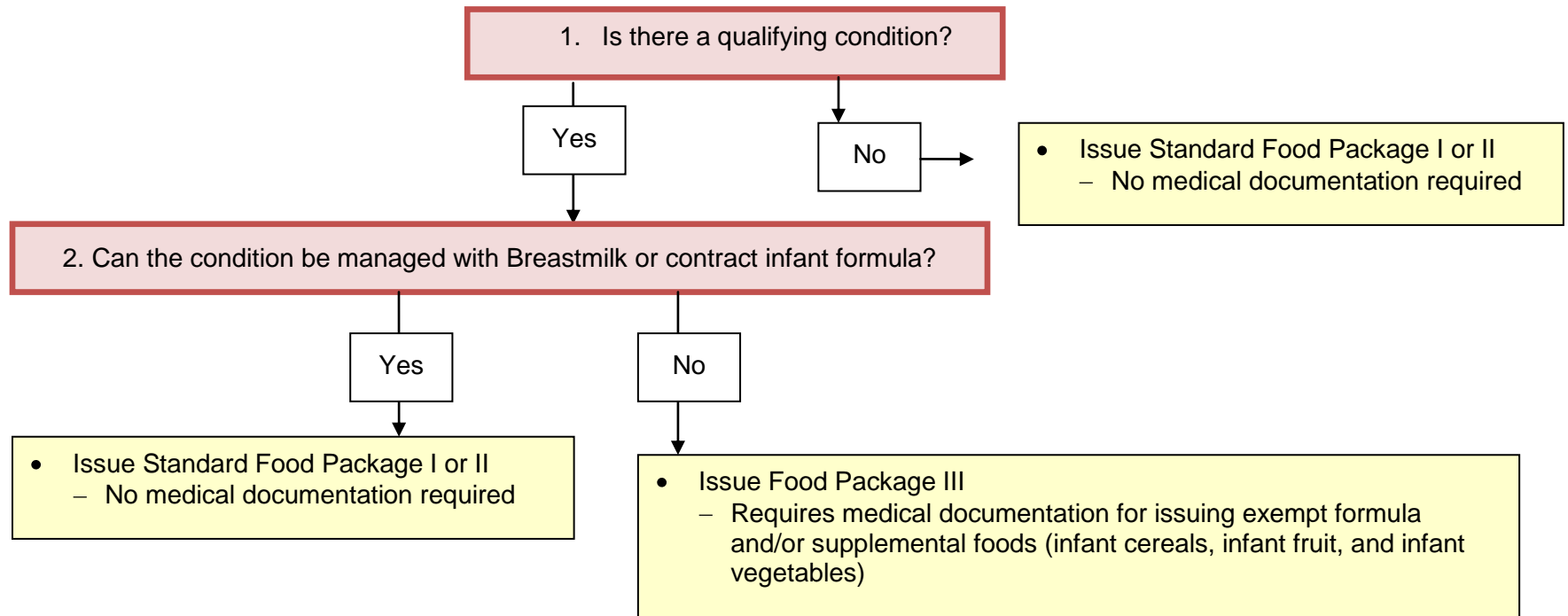
Food package III is reserved for woman, infant, and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.

* See pages for Missouri WIC approved formulas, exempt infant formulas, and medical foods and allowances. (Page 13-18)

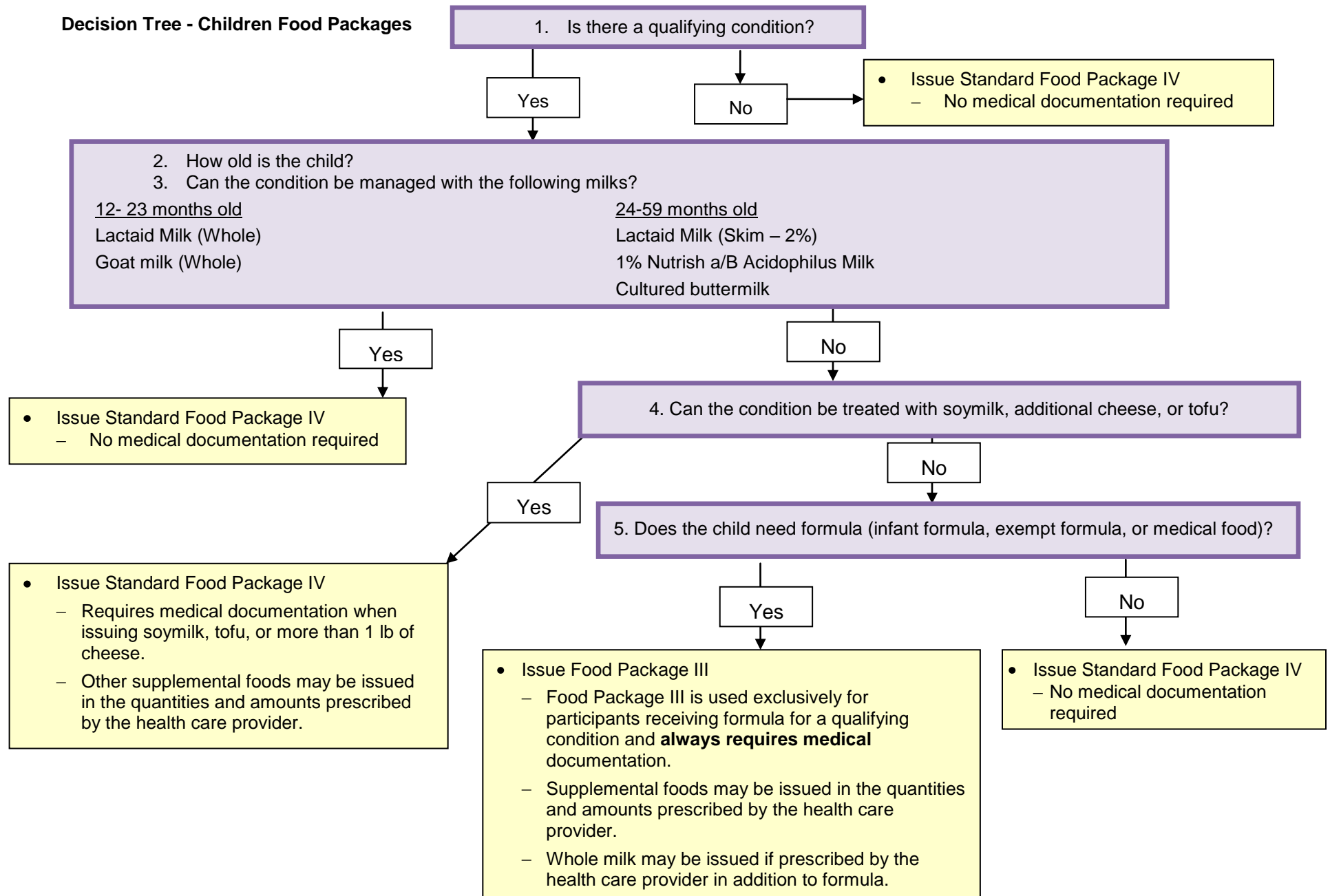
8. Formula Manufacturer's Information ----- Updated!

Formula Manufacturer	Websites	Customer Service Phone Numbers
Mead Johnson Nutritionals (MJN)	http://www.meadjohnson.com/	1-800-457-3550
Nutricia North America (Nutricia)	http://www.shsna.com/	1-800-365-7354 OR 1-877-482-7845
Nestlé Nutrition (Nestlé)	Product Information: http://www.nestle-nutrition.com/ Packaging Information: http://www.nestlenutritionstore.com/	1-800-422-ASK2 (2752) or 1-800-285-2889
PBM Products, LLC (PBM)	http://www.pbmproducts.com/	1-800-272-5095 or 540-832-3282 (x1113)
Abbott Nutrition (Formerly Ross Pharmaceuticals)	Product Information: http://abbottnutrition.com/ Packaging Information: http://www.abbottstore.com/	1-800-551-5838

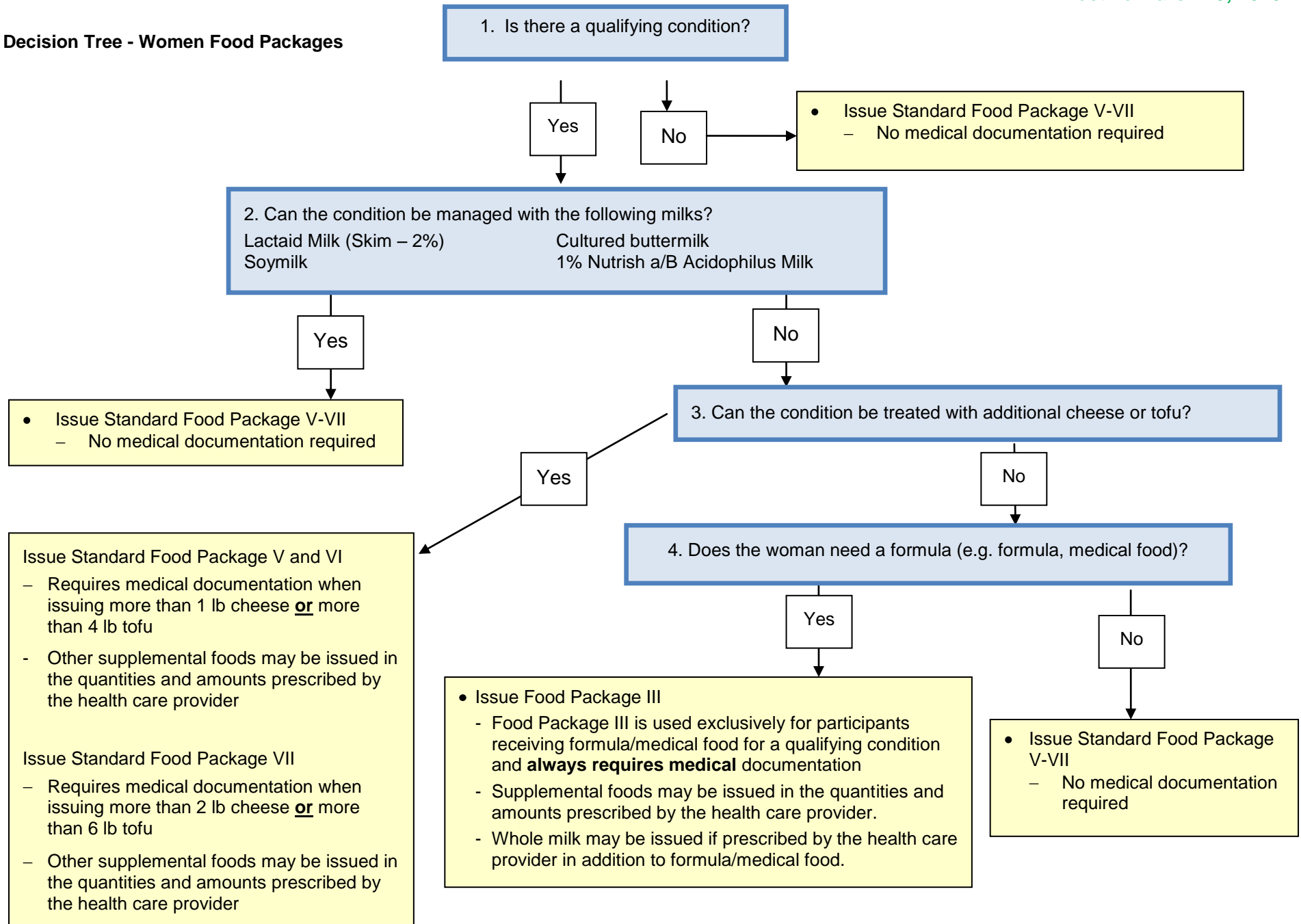
9. Decision Tree - Infant Food Packages



Decision Tree - Children Food Packages



Decision Tree - Women Food Packages



C. WIC APPROVED FOOD AND FOOD PACKAGES**1. Standard and Default Food Packages – Children and Women ---- Updated!**

	Food Items	Food Package IV	Food Package V	Food Package VI	Food Package VII
		Children (1 – 4)	Pregnant & Partially Breastfeeding (≤ Max Allowed)	Non-Breastfeeding & Partially Breastfeeding (> Max Allowed)	Fully Breastfeeding
Standard Food Packages	Juice	2 – 64 oz. containers	3 – 46 oz. can or 12 oz. frozen	2 – 46 oz. can or 12 oz. frozen	3 – 46 oz. can or 12 oz. frozen
	Milk, fluid	4 gallons (16 quarts)	5 ½ gallons (22 quarts)	4 gallons (16 quarts)	6 gallons (24 quarts)
	Cheese	none	none	none	1 pound
	Breakfast Cereal	36 oz.	36 oz.	36 oz.	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$10.00 Updated!	\$10.00 Updated!	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.
Default Food Packages	Legumes, dry/canned and/or Peanut Butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter
	Juice	2 – 64 oz. containers	3 – 46 oz. can or 12 oz. frozen	2 – 46 oz. can or 12 oz. frozen	3 – 46 oz. can or 12 oz. frozen
	Milk, fluid	3 gallons (12 quarts)	4 1/2 gallons (18 quarts)	3 gallons (12 quarts)	5 gallons (20 quarts)
	Evaporated milk	1 – 12 oz. can	1 – 12 oz. can	1 – 12 oz. can	1 – 12 oz. can
	Cheese	1 pound	1 pound	1 pound	2 pounds
	Breakfast Cereal	36 ounces	36 ounces	36 ounces	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$10.00 Updated!	\$10.00 Updated!	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.

Legumes, dry/canned and/or Peanut Butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter
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2. Allowed Milk Listing And Medical Documentation Requirement

#	Milk	Allowed Size	Children		Pregnant Breastfeeding Partial ≤ max	Non-Breastfeeding Breastfeeding Partial > max	Fully Breastfeeding Women
			12-23 months	24-59 months			
1	Whole Milk	Gallon	Allowed	*	*	*	*
2	Evaporated Whole Milk	12 oz can	Allowed	*	*	*	*
3	Lactaid Whole Milk	½ gallon	Allowed	*	*	*	*
4	Evaporated Goat Milk (Whole)	12 oz can	Allowed	*	*	*	*
5	Soymilk – ORIGINAL (8 th Continent brand)	½ gallon	*	*	Allowed	Allowed	Allowed
6	Milk (Skim – 2%)	½ gallon	**	**	Allowed	**	**
7	Milk (Skim – 2%)	Gallon	**	Allowed	Allowed	Allowed	Allowed
8	Skim Milk	Gallon	**	Allowed	Allowed	Allowed	Allowed
9	Evaporated Low Fat Milk	12 oz can	**	Allowed	Allowed	Allowed	Allowed
10	Cultured Buttermilk	Quart	**	Allowed	Allowed	Allowed	Allowed
11	Non-Fat Dry Milk	8 Quart-Box	**	Allowed	Allowed	Allowed	Allowed
12	Lactaid (Skim – 2%) ----- Updated!	½ gallon	**	Allowed	Allowed	Allowed	Allowed
13	1% Nutrish a/B Acidophilus Milk	½ gallon	**	Allowed	Allowed	Allowed	Allowed

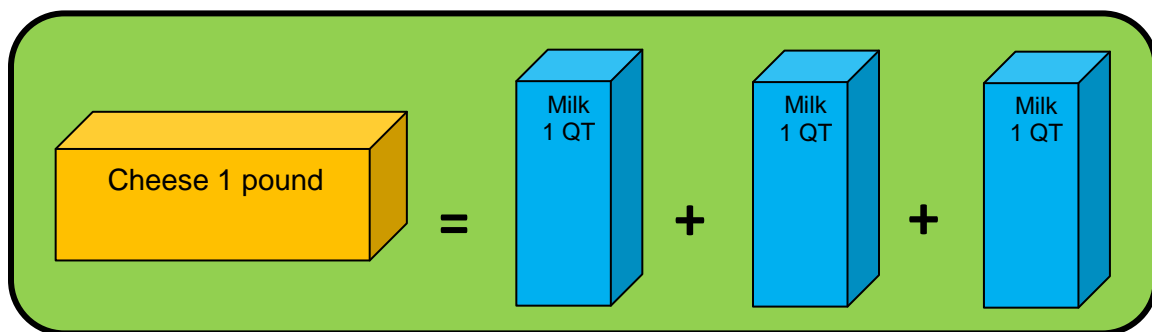
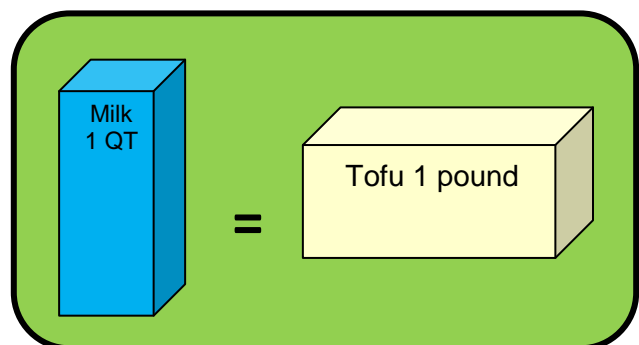
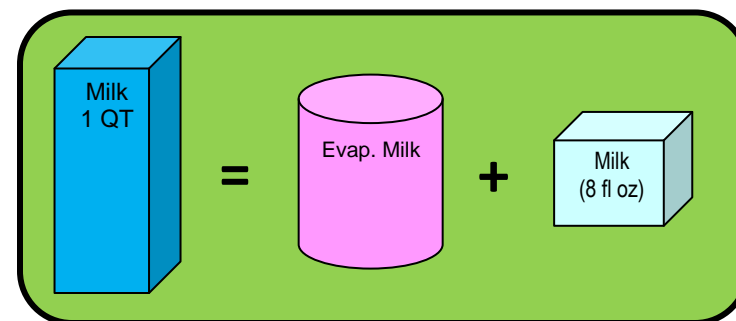
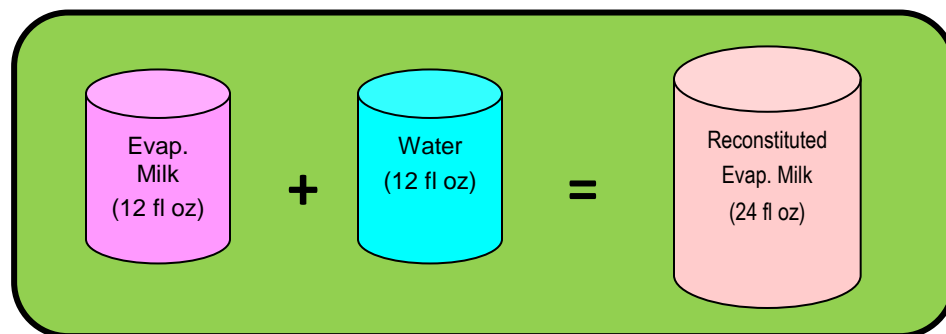
* Medical Documentation Required

** Not allowed to issue

3. Dairy (Milk) Substitutions Chart and Medical Documentation Requirement

Food Item	<u>Without Medical Documentation</u> (Maximum Substitution)	<u>With Medical Documentation</u> (Maximum Substitution)
Cheese 3 qts. milk = 1 lb. cheese 1 gal. milk = 1 lb. cheese and 1 -12 oz. can evaporated milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (2 lbs.) All Other Women (1 lb.) Children (1 lb.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 3 - 8 lbs. Pregnant & Partially BF Women 2 - 7 lbs. Postpartum Women 2 - 5 lbs. Children 2 - 5 lbs.
Tofu 1 qt. milk = 1 lb. of tofu	<ul style="list-style-type: none"> Fully Breastfeeding Women (6 lbs.) All Other Women (4 lbs.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 7 – 24 lbs. Pregnant & Partially BF Women 5 –22 lbs. Postpartum Women 5–16 lbs. Children 1– 16 lbs.
Soy Milk 1 qt. milk = 1 qt. soy milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (24 qts.) Pregnant & Partially BF Women (22 qts.) Postpartum Women (16 qts.) 	<ul style="list-style-type: none"> Children 1 - 16 qts.

4. Milk, Evaporated Milk/Evaporated Goat Milk And Cheese Conversions



5. Conversion of Fluid Milk to Evaporated Milk/Evaporated Goat Milk (12 fl oz. can) and Cheese

Milk	Cheese AND Evaporated Milk (Evaporated Goat Milk)	Evaporated Milk (Evaporated Goat Milk)
1 qt milk		Issue 1 can Evaporated Milk
2 qt milk		Issue 2 cans Evaporated Milk
3 qt milk	Cheese 1 pound	Issue 4 cans Evaporated Milk
4 qt milk (1 gallons)	Cheese 1 pound + 1 can Evaporated Milk	Issue 5 cans Evaporated Milk
5 qt milk	Cheese 1 pound + 2 cans Evaporated Milk	Issue 6 cans Evaporated Milk
6 qt milk	Cheese 2 pounds	Issue 8 cans Evaporated Milk
7 qt milk	Cheese 2 pounds + 1 can Evaporated Milk	Issue 9 cans Evaporated Milk
8 qt milk (2 gallons)	Cheese 2 pounds + 2 cans Evaporated Milk	Issue 10 cans Evaporated Milk
9 qt milk	Cheese 3 pounds	Issue 12 cans Evaporated Milk
10 qt milk	Cheese 3 pounds + 1 can Evaporated Milk	Issue 13 cans Evaporated Milk
11 qt milk	Cheese 3 pounds + 2 cans Evaporated Milk	Issue 14 cans Evaporated Milk
12 qt milk (3 gallons)	Cheese 4 pounds	Issue 16 cans Evaporated Milk
13 qt milk	Cheese 4 pounds + 1 can Evaporated Milk	Issue 17 cans Evaporated Milk
14 qt milk	Cheese 4 pounds + 2 cans Evaporated Milk	Issue 18 cans Evaporated Milk
15 qt milk	Cheese 5 pounds	Issue 20 cans Evaporated Milk
16 qt milk (4 gallons)	Cheese 5 pounds + 1 can Evaporated Milk	Issue 21 cans Evaporated Milk
17 qt milk	Cheese 5 pounds + 2 cans Evaporated Milk	Issue 22 cans Evaporated Milk
18 qt milk	Cheese 6 pounds	Issue 24 cans Evaporated Milk
19 qt milk	Cheese 6 pounds + 1 can Evaporated Milk	Issue 25 cans Evaporated Milk
20 qt milk (5 gallons)	Cheese 6 pounds + 2 cans Evaporated Milk	Issue 26 cans Evaporated Milk
21 qt milk	Cheese 7 pounds	Issue 28 cans Evaporated Milk

Milk	Cheese AND Evaporated Milk (Evaporated Goat Milk)	Evaporated Milk (Evaporated Goat Milk)
22 qt milk	Cheese 7 pound + 1 can Evaporated Milk	Issue 29 cans Evaporated Milk
23 qt milk	Cheese 7 pound + 2 cans Evaporated Milk	Issue 30 cans Evaporated Milk
24 qt milk (6 gallons)	Cheese 8 pounds	Issue 32 cans Evaporated Milk

6. Food Items In MOWINS ----- Updated!

#	Food Items in MOWINS	NOTE
1	OUNCES INFANT CEREAL - APPROVED BRANDS	▪ Issuing infant cereal to children requires medical documentation.
2	4 OZ JARS INFANT FRUITS/VEGGIES APPROVED ITEMS ONLY	
3	2.5 OZ JARS INFANT MEATS APPROVED ITEMS ONLY	
4	OUNCES CEREAL - APPROVED TYPES/SIZES	
5	POUND CHEESE - STORE BRAND/GENERIC	• See Page 27 for medical documentation requirement. Updated!
6	DOZEN EGGS - LARGE, WHITE	
7	1 LB DRY BEANS OR 4 - 16 OZ CAN BEANS OR 18 OZ PEANUT BUTTER	
8	ONE POUND DRY BEANS OR 4 - 16 OZ CAN BEANS	
9	18 OZ JAR PEANUT BUTTER - STORE BRAND	
10	46/12 OZ JUICE APPROVED TYPES/SIZES	• Not allowed for children.
11	64 OZ JUICE APPROVED TYPES/SIZES	• Not allowed for women.
12	16 OZ WHOLE WHEAT BREAD/TORTILLA APPROVED ITEMS ONLY	
13	16 OZ BROWN RICE STORE BRAND ONLY	
14	32 OZ BROWN RICE STORE BRAND ONLY	• Allowed for only children.
15	6 (5 OZ CANS) OR 5 (6 OZ CANS) TUNA WATERPACK	• A combination of canned tuna, salmon, and sardines is not allowed.
16	6 (5 OZ) OR 5 (6 OZ) OR 4 (7.5 OZ) CANS PINK SALMON	• A participant must choose one item among tuna, salmon, and sardines.
17	8 (3.75 OZ) SARDINES WATER OR SOYBEAN OIL PACK	
19	FOR FRESH/FROZEN FRUITS OR VEGETABLES	
18	12-16 OZ PKG TOFU APPROVED ITEMS ONLY	• Number of tofu packages is determined based on milk to tofu conversion rate of 1 qt = 1 lb. • Participants are allowed to purchase any size of WIC approved tofu.

20	OUNCES GENERAL MILLS RICE CHEX GLUTEN FREE CEREAL	• Can be issued only to participants with Risk Factor 354 .
21	HALF GALLON SOY MILK 8TH CONTINENT ORIGINAL PLAIN	• See Page 27-28 for medical documentation requirement.

7. Guidelines for Issuing WIC Approved Foods to Homeless Participants (ER# 2.08100)

Refer to the homeless default food packet set-up in MOWINS.